



# South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200  
Columbia, South Carolina 29223

Mailing Address:  
P.O. Box 100105, Columbia, S.C. 29202-3105  
Telephone: (803) 737-6134

MARK SANFORD  
Governor

ELEANOR KITZMAN  
Director of Insurance

## APPLICATION OF LICENSE PROFESSIONAL BONDSMAN/RUNNER

**ALL QUESTIONS MUST BE ANSWERED ENTIRELY (INCOMPLETE  
APPLICATIONS WILL BE RETURNED)**

Please select the license applying for below:

☐ **Professional Bondsman License - \$400 fee attached (non-refundable)**

☐ **Runner License - \$200 fee attached (non-refundable)**

1. Name of Applicant: \_\_\_\_\_

Aliases: \_\_\_\_\_

Name of firm with Applicant is **affiliated** \_\_\_\_\_

- (A) **Applicant is:** ☐ owner of firm listed above  
☐ partner of firm listed above  
☐ employee of firm listed above

2. Business Street Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Telephone No #: \_\_\_\_\_

3. Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

4. Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

5. South Carolina Driver's License Number \_\_\_\_\_

6. Applicant's Current Home Address: \_\_\_\_\_

7. Home Telephone Number \_\_\_\_\_

8. During the last ten (10) years, have you ever been convicted of, or entered a plea of guilty or nolo contendere to, a crime other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" give complete details below:

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9. Since your last application to this Department for a professional bondsman's or runner's license or renewal of such a license, have you been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you be suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" give complete details

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10. Since your last application to this Department for a professional bondsman's or runner's license or renewal of such a license, have you adjudged bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes" give complete details.

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11. List all judgments which have been entered against you since your last application to this Department for a professional bondman's or runner's license of such a license, showing:

<u>JUDGEMENT HOLDER</u>	<u>COUNTY</u>	<u>DATE</u>	<u>JUDGEMENT ROLL#</u>	<u>AMOUNT SATISFIED (YES OR NO)</u>
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12. List all counties in **South Carolina** in which you are presently transacting bail bonding business.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

**Which county list above is your principal place of business located in?** \_\_\_\_\_

QUESTIONS #13 TO BE COMPLETED BY PROFESSIONAL BONDSMAN APPLICATIONS ONLY

13. Are you or any member of your household presently employed as one of the following?  
Name of:

**Individual** \_\_\_\_\_ **Relationship** \_\_\_\_\_ (wife, father, etc.)

**Sheriff** \_\_\_\_\_ **Attorney** \_\_\_\_\_ **Asst. Jailer** \_\_\_\_\_ **Deputy Sheriff** \_\_\_\_\_

**Parole Officer** \_\_\_\_\_ **Probation Officer** \_\_\_\_\_ **Jailer** \_\_\_\_\_ **Judicial Official** \_\_\_\_\_

**Employee of any Court of S.C.** \_\_\_\_\_ **Other Public Employee assigned to duties relating to the administration of the Court** \_\_\_\_\_

QUESTION #14 TO BE COMPLETED BY APPLICANTS APPLYING FOR RUNNER'S LICENSE ONLY

14. In accordance with S.C. Code Ann. 38-53-120(a) (Supp. 1997), Do you (the applicant) agree at any one time you will be employed by only one bail bondsman who shall supervise your work as a runner and be responsible for your conduct in the bail bond business? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15 Have you ever had any prior bail bonding experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Please enclosed a Passport size, Full face photograph of applicant. (Attach to application)



Certification of Applicant (both Professional Bondsman and Runner)

As part of this application, I hereby certify that:

- (a) I have read Act No. 189 of 1985, codified as Chapter 53 of Title 38 of the 1976 South Carolina Code of Laws, as amended, and will comply with the requirements set forth therein.
- (b) All information, answers, statements and supplementary materials furnished in and with this application are accurate, true and complete to the best of my knowledge, and I agree that any license issued by the Director of Insurance shall be issued in express reliance thereon.

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Signature of Applicant

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina

My Commission Expires: \_\_\_\_\_

MAIL APPLICATION TO:

WILLIE C. SEAWRIGHT

S.C. DEPARTMENT OF INSURANCE  
POST OFFICE BOX 100105  
COLUMBIA, SC 29202